

"PROVISIONAL FOLLOW-UP" ✓

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

<b>Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).</b>	 <b>EPA</b>	<b>Notification of Regulated Waste Activity</b>	United States Environmental Protection Agency	<b>Date Received</b> (For Official Use Only) <b>MAY 15 1997</b>

**I. Installation's EPA ID Number (Mark 'X' in the appropriate box)**

<input type="checkbox"/> A. First Notification	<input checked="" type="checkbox"/> B. Subsequent Notification (Complete Item C)	<b>C. Installation's EPA ID Number</b> C A D 0 0 9 2 0 4 7 3 6
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**II. Name of Installation (Include company and specific site name)**

C & M PLATING WORKS

**III. Location of Installation (Physical address not P.O. Box or Route Number)**

**Street**  
5 9 8 S I X T H S T R E E T

**Street (Continued)**

**City or Town** S A N F R A N C I S C O **State** C A **Zip Code** 9 4 1 0 3 - 4 7 0 8

**County Code** **County Name**  
S A N F R A N C I S C O

**IV. Installation Mailing Address (See Instructions)**

**Street or P.O. Box**  
S A M E

**City or Town** **State** **Zip Code**

**V. Installation Contact (Person to be contacted regarding waste activities at site)**

**Name (Last)** M A T T M A N **(First)** R A Y

**Job Title** P A R T N E R **Phone Number (Area Code and Number)** 4 1 5 - 8 6 1 - 1 5 5 6

**VI. Installation Contact Address (See Instructions)**

<b>A. Contract Address</b> Location Mailing Other <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<b>B. Street or P.O. Box</b>
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**City or Town** **State** **Zip Code**

**VII. Ownership (See Instructions)**

**A. Name of Installation's Legal Owner**  
C & M PLATING WORKS

**Street, P.O. Box, or Route Number**  
5 9 8 S I X T H S T R E E T

**City or Town** S A N F R A N C I S C O **State** C A **Zip Code** 9 4 1 0 3 - 4 7 0 8

<b>Phone Number (Area Code and Number)</b> 4 1 5 - 8 6 1 - 1 5 5 6	<b>B. Land Type</b> P	<b>C. Owner Type</b> P	<b>D. Change of Owner Indicator</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>(Date Changed)</b> Month Day Year
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OK  
wpe  
6-11-5  
753  
IN RCHES  
5-16-97

11

## ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

## Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see Instructions.

4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

## B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)

- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace

3. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- ☐ a. Transporter
- ☐ b. Transfer Facility

4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process
- ☐ b. Re-refine

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable  
(D001)☐2. Corrosive  
(D002)☐3. Reactive  
(D003)☐4. Toxicity  
Characteristic☒

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

D007

D001

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1
F006
7

2
F008
8

3
9

4
10

5
11

6
12

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1

2

3

4

5

6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Ray Mattman

Name and Official Title (Type or print)

RAY MATTMAN, PARTNER

Date Signed

5/7/97

## XI. Comments

THE PROJECT REQUIRING THE TEMPORARY 90-DAY PROVISIONAL RCRA ID NUMBER HAS BEEN COMPLETED. PLEASE RETURN US TO "SMALL QUANTITY GENERATOR" STATUS

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

# C & M Plating Works

598 SIXTH STREET • SAN FRANCISCO, CALIFORNIA 94103 • (415) 861-1556  
FAX (415) 861-4773

U.S. EPA REGION 9

5/7/97

## RCRA NOTIFICATIONS:

PLEASE FIND ENCLOSED THE ORIGINAL  
"PROVISIONAL FOLLOW-UP" NOTIFICATION  
OF REGULATED WASTE ACTIVITY (FORM #8700-12)

THE ONE TIME PROCESS ELIMINATION HAS  
BEEN COMPLETED AND WE WOULD LIKE  
TO BE RE-INSTATED INTO THE SMALL  
QUANTITY GENERATOR STATUS.

COULD SOMEONE AT YOUR OFFICE WRITE,  
FAX OR CALL ME AS TO HOW THIS  
TEMPORARY LARGE QUANTITY GENERATOR  
STATUS WILL AFFECT THE FILING OF  
OUR BIENNIAL REPORT. THANK YOU.

YOURS TRULY,  
*Ray Mattman*  
RAY MATTMAN, PARTNER

"PROVISIONAL"

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)  
**FEB 18 1997**

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. First Notification ☒ B. Subsequent Notification (Complete Item C)

C. Installation's EPA ID Number  
C A D 0 0 9 2 0 4 7 3 6

## II. Name of Installation (Include company and specific site name)

C & M PLATING WORKS

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street  
5 9 8 S I X T H S T R E E T

Street (Continued)

City or Town State Zip Code  
S A N F R A N C I S C O C A 9 4 1 0 3 - 4 7 0 8

County Code County Name  
0 7 5 S A N F R A N C I S C O

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box  
S A M E

City or Town State Zip Code  
- - - - -

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last) (First)  
M A T T M A N R A Y

Job Title Phone Number (Area Code and Number)  
P A R T N E R 4 1 5 - 8 6 1 - 1 5 5 6

## VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing Other B. Street or P.O. Box  
☒ ☒ ☐

City or Town State Zip Code  
- - - - -

## VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner  
C & M PLATING WORKS

Street, P.O. Box, or Route Number  
5 9 8 S I X T H S T R E E T

City or Town State Zip Code  
S A N F R A N C I S C O C A 9 4 1 0 3 - 4 7 0 8

Phone Number (Area Code and Number) B. Land Type C. Owner Type D. Change of Owner Indicator (Date Changed)  
4 1 5 - 8 6 1 - 1 5 5 6 P P Yes ☐ No ☒ Month Day Year

OK  
wpc  
in RCIS 2/20/97 wpc  
2/25 in SLT

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
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2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

## Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see Instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
- ☒ D 0 0 7

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1 F 0 0 6	2	3	4	5	6
7	8	9	10	11	12

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6
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## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Ray Mattman

Name and Official Title (Type or print)

RAY MATTMAN, PARTNER

Date Signed

2/12/97

## XI. Comments

THIS IS FOR A TEMPORARY 90-DAY PROVISIONAL RCRA  
ID NUMBER TO ACCOUNT FOR A ONE TIME PROCESS ELIMINATION

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

# C & M Plating Works

598 SIXTH STREET • SAN FRANCISCO, CALIFORNIA 94103 • (415) 861-1556  
FAX (415) 861-4773

U.S. EPA REGION 9

2/12/97

RCRA NOTIFICATIONS:

PLEASE FIND ENCLOSED THE ORIGINAL  
"PROVISIONAL" NOTIFICATION OF REG-  
ULATED WASTE ACTIVITY (FORM #8700-12).

WE WILL GENERATE GREATER THAN  
2,200 LBS. OF HAZARDOUS WASTE FOR  
A ONE TIME PROCESS ELIMINATION.

PLEASE ACKNOWLEDGE THE ACCEPTANCE  
OF THIS NOTIFICATION TO THE LOCATION  
OF INSTALLATION ON THIS FORM.

YOURS TRULY,  
*Ray Mattman*  
RAY MATTMAN



## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F001 23 - 26	2 F004 23 - 26	3 F006 23 - 26	4 F007 23 - 26	5 F008 23 - 26	6 F009 23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 K062 23 - 26	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P029 23 - 26	32 P030 23 - 26	33 P055 23 - 26	34 P098 23 - 26	35 P099 23 - 26	36 P104 23 - 26
37 P106 23 - 26	38 P121 23 - 26	39	40	41	42
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)

☒ 2. CORROSIVE  
(D002)

☒ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

Ray Mattman

NAME &amp; OFFICIAL TITLE (type or print)

RAY MATTMAN, PARTNER

DATE SIGNED

6/25/80

CH0009204736

ITEM V

Crim Plating Works  
598 67th St.

MATTMAN, CARL J.F. 94103

MATTMAN, RAY

MACDONALD, RONALD

WOLFE, ROBERT